



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|---------------|-------------------------------|----------------|
| PRODUCER XYZ Insurance Co 1234 Sunset Blvd Los Angeles, CA 90028 | CONTACT NAME: | Insurance Provider 14 | FAX (A/C, No): |
| | ADDRESS | INSURER(S) AFFORDING COVERAGE | |
| INSURED XYZ Productions, Inc. 1234 Santa Monica Blvd. Los Angeles, CA 90069 | INSURER A : | NAIC # | |
| | INSURER B :Ha | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY PERIOD | COVERAGE | AMOUNT |
|----------|--|--------------------|---------------|-----------------------|---|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | 1/12/2016 - 1/12/2017 | DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 |

Automotive insurance required if renting a vehicle from Geronimo Creek

Policy date cannot be prior to return date

| | | | | | | |
|---|--|---|---|-----------------------|---|--------------------------------|
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | Hired Auto Physical Damage \$50,000 Limit or ACV \$1,000 Comprehensive Ded \$1,000 Collision Ded | 1/12/2016 - 1/12/2017 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ 1,000,000 \$ \$ \$ |
|---|--|---|---|-----------------------|---|--------------------------------|

The dollar limit should be equal to or greater than the replacement value listed in green on your quote

| | | | | | | | | |
|--|-------------|-----|--------------|--|-----|-----|---|----------------------|
| | EXCESS LIAB | DED | RETENTION \$ | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | EACH OCCURRENCE AGGREGATE PER STATUTE OTH-ER | \$ \$ \$ \$ |
|--|-------------|-----|--------------|--|-----|-----|---|----------------------|

| | | | | |
|---|---|-----------------------|---------------------|--------------------|
| A | Misc Owned/Rented Equipment Special Form/Repl Cost | 1/12/2016 - 1/12/2017 | Limit Deductible | 520,000 \$2,500 |
|---|---|-----------------------|---------------------|--------------------|

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SAMPLE CERTIFICATE ONLY

Geronimo Creek is named as additional insured and loss payee as their interest may appear

CERTIFICATE HOLDER **CANCELLATION**

| | | |
|--|---|--|
| Geronimo Creek, Inc. Attn: Brett Carleton P.O. Box 6006 Burbank, CA 91510 | Geronimo Creek named as certificate holder | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | | AUTHORIZED REPRESENTATIVE |

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